

CLASS E REINSTATEMENT FORM

File the original with: Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department P.O. Box 11263 Columbia, S.C. 29211 (803) 737-0578 FAX (803) 737-0815
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DATE: _____

Please consider this an application for Reinstatement of my:

- ☐ Class E Household Goods Certificate (See attached form and provide documentation)
- ☐ Class E Hazardous Waste Certificate

My Certificate of Public Convenience and Necessity No. is _____. My certificate was
revoked/cancelled on _____ because _____

_____. I seek re-certification because _____

_____.

_____ DBA _____
(Name of Company) (if applicable)

(Street Address)

(City, State, Zip Code)

(Telephone Number)

(Signature)

(Title)